examine the efficacy of antidepressants in pain management on veterans in order to provide an alternative to opioids.

Methods Throughout this work, with the use of data collection and data analysis, enough evidence was found of the efficacy of antidepressants and the need for proper guidelines to transition from the drugs currently used for pain management to antidepressants.

Results In general, the use of tricyclic antidepressants (TCAs) for the management of chronic pain has proven to have one of the most significant antihyperalgesic effects. However, SSRIs such as sertraline and fluoxetine have also demonstrated benefits in treating PTSD, fibromyalgia and chronic tension headaches in females. In conclusion, the usage of antidepressants makes it possible to achieve proper treatment of comorbid conditions while also helping with the diminishing of opioid usage.

Conclusions This study underscores the importance of addressing the opioid crisis among veterans by exploring the effectiveness of antidepressants in pain management. These findings support the use of tricyclic antidepressants and SSRIs as a viable alternative to opioids, providing potential relief for chronic pain and comorbid conditions. In the same way this opens opportunities to develop new guidelines for first line treatments in patients with chronic pain.

Abstracts

Please confirm that an ethics committee approval has been applied for or granted: Yes: I

Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Low back pain due to lumbar radiculopathy is the cause of significant disability. Epidural steroid injections with or without local anaesthetic are often prescribed to patients who are not responding to conservative management. Epidural injections may carry the attended risk of neurological injuries. We hypothesized that the nociceptor fibres being pseudo – unipolar in nature, with both ends behaving functionally the same. The peripheral nerve blocks administered distally should be as effective in providing pain relief.

Methods The thirty-four patients who had been recruited in the single-arm study were followed up at 6 months and 12 months post the intervention and the outcomes were noted. They had been administered peripheral nerve blocks at ankle level with 4ml of 0.25% bupivacaine and 40mg of triamcinolone. Outcomes measured: The outcomes measured at 6 and 12 months after the intervention were the pain intensity (Numerical Rating Scale), the Global Perceived Effect, employment status, and analgesic intake.

Results Out of 34 patients, 4 had dropped out at 6 months and 12 at 12 months. Statistical analysis of the data showed a significant decrease in pain intensity (p<0.001). There was also a significant improvement in both the employment status and the analgesic intake and no additional side effects were reported by any of the patients.

Conclusions This present study shows that peripheral nerve blocks are effective in the management of pain in patients with lumbosacral radiculopathy even in the long term (1 year) with no significant adverse effects.

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